Public Report Back

Note: First responders (including law enforcement, EMS, and corrections officers) should complete the Report Back for First Responders.

Please complete this form after you administer Narcan nasal spray (naloxone). You can return this form to the place where you received the Narcan rescue kit or email it to ProjectHOPE@alaska.gov
Your name or other identifying information will not be collected. You can also share this information via an online Report Back survey accessed at www.opioids.alaska.gov

1. I am	a(n)			
	Member of the public			
	Employee of a service/advocacy organization			
	Other. Please specify:			
2. Whe	n and where did the Narcan administration occu Date:	r?		
	Time:			
	City/Town/Village:			
	Neighborhood:			
	t is your relationship to the person who overdose Friend Acquaintance Stranger Person is my client Partner/Spouse Family Member/Child Other. Please specify:			
4. Fleas	Sex: Female Male Transgender			
	Age: <18 19-24 25-39 40-59 60-	÷		
	Race: Alaska Native American Indian Asian	Black	Native Hawaiian/Pacific Islander	White
	Ethnicity: Hispanic or Latino/a Not Hispan	nic or Lati	no/a	
5. Pleas	se tell us about the person who overdosed . If you Sex: Female Male Transgender	ı're not sı	ure, use your best guess.	
	Age: <18 19-24 25-39 40-59 60-	+		
	Race: Alaska Native American Indian Asian	Black	Native Hawaiian/Pacific Islander	White
	Ethnicity: Hispanic or Latino/a Not Hispa	nic or Lat	ino/a	

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	it drug(s) were being use Opioid pain reliever (ak			
		known):	-	
	Heroin	,		
	Cocaine/Crack			
		peed		
	Benzodiazepines			
	Barbiturates			
П	Alcohol			
	Don't know/not sure			
7. Wha	at signs of overdose did th	ne person show? (So	elect all that apply.))
	Loud snoring/gurgling			
	Not breathing or shallo	w breathing		
	Body very limp			
	Unconscious			
	Unresponsive			
	Skin pale/gray, clammy			
	Lips/fingertips blue			
	No pulse or slow pulse			
	Other. Please specify: _			
8. Whe	ere were the drugs being	used when the ove	dose happened?	
	In someone's home			
	In the street or outdoor	S		
	In a public place			
	Shooting gallery			
	Other. Please specify: _			
9. Oth	er than administering Nai	rcan, how did you o	r others try to help	the person?
	Called 911/ambulance			
	Took to hospital			
	Placed in recovery posit			
	Performed rescue breat	- · ·	•	
	Injected with stimulant			
			shaking, hitting/kic	king, applying cold, etc.)
	Tried to wake person by			
	Nothing other than Nar			
	Other. Please specify: _			
10. Ho	w confident did you feel	in your ability to res	pond to the overdo	ose?
	1	2	3	4
	Not at all confident			Extremely confident

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11.	Hov	many doses of Narcan nasal spray did you administer? (Each Narcan container is one dose.) One	
	_		
		WO	
How many minutes passed between doses?			
		More than two	
		 How many minutes passed between doses? 	
12.	Wh	was the person's response to Narcan?	
		No response; overdose signs continued	
	Voke up		
		If woke up, did side effects occur?	
		□ Nausea/vomiting	
		Felt sick/withdrawal symptoms (including chills, headache, diarrhea)	
		☐ Became angry/upset/confused	
		Other. Please specify:	
		☐ No side effects	
13.	Did	MS personnel (ambulance or fire fighters) provide care?	
		'es	
	П	No.	
	П	Don't know	
		TO THE KILOW	
14.	We	police officers present?	
		'es	
		 If yes, how would you describe the interaction? 	
		□ Positive	
		□ Neutral	
		□ Negative	
		No	
		Don't know	
15.	Wa	the person taken to the hospital?	
		'es	
		No	
		o If no, how long after the person woke up did you or someone else stay with the person?	
		☐ Left right away (stayed less than 30 minutes)	
		☐ Stayed for less than 2 hours	
		☐ Stayed for 2 hours or more	
16.	_	ne person who overdosed survive?	
		'es, survived	
		No, died	
		Don't know	

17. Please share any additional comments or suggestions for how we can improve Project HOPE and the public's use of Narcan to prevent overdose deaths.